

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND 10/527309

1 Date of Request: _____ 2 Serial/Patent # _____

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

	7 TOTAL AMOUNT OF REFUND	\$
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8 TO BE REFUNDED BY: Repln. Ref: 8/25/2005 PKIDWELL 0015500100
DAH:980114 Name/Number:10527309
FC: 9264 \$40.00 CR

10 REASON:	Treasury Check
<input type="checkbox"/> Overpayment	Credit Deposit A/C #:
<input type="checkbox"/> Duplicate Payment	9 <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> No Fee Due (Explanation):	

11 REFUND REQUESTED BY: _____

TYPED/PRINTED NAME: _____ TITLE: _____
SIGNATURE: _____ Repln. Ref: 8/25/2005 PKIDWELL 0015500100
DAH:980114 Name/Number:10527309
FCPHONE: \$250.00 CR

OFFICE: _____
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: _____ DATE: _____

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**